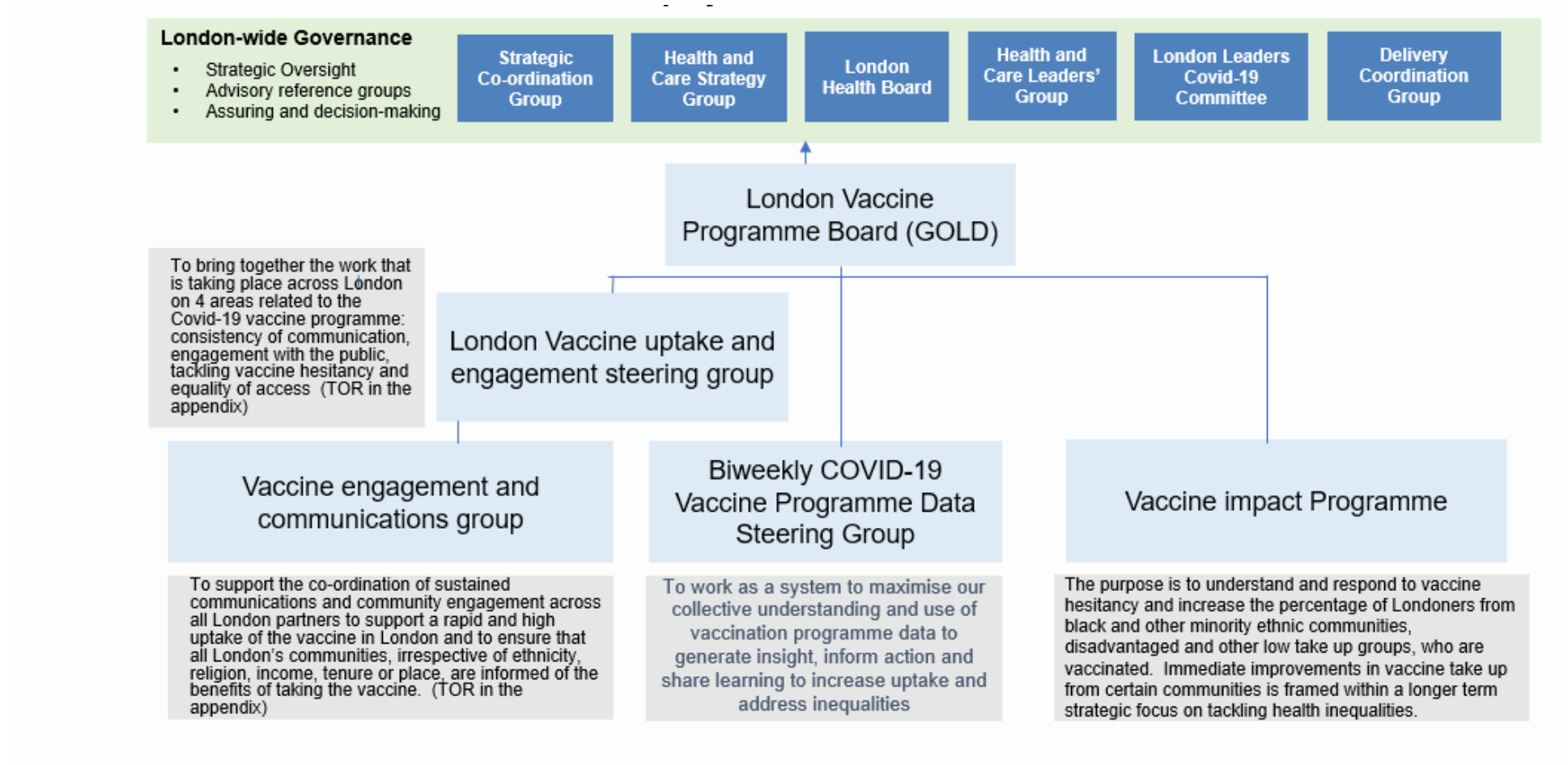






Governance of COVID-19 Vaccine Equity work across London



Tackling vaccine hesitancy and inequalities: A overarching London approach built upon 4 pillars

Aspect	Data and evidence 	Addressing hesitancy 	Practical aspects of vaccination 	Monitoring, evaluation and system leadership 
Issues to consider	<ul style="list-style-type: none"> • Data: Best use of available data to understand where the inequalities are, to support local and pan London action and interventions • Evidence: work is rooted in the evidence including behavioural science and from other vaccination programmes. • Lessons learnt: identifying and sharing good practice from other countries, regions, boroughs 	<ul style="list-style-type: none"> • Hesitancy higher in: Under 25 year olds, BAME groups (partic black ethnic groups) & less affluent Londoners • Health and care professionals: Current rates are lower comparatively • Culturally competent community engagement: essential, locally led, regionally enabled • Behavioural insights: understanding models of vaccination behaviours, including role of stigma 	<p>Other aspects affecting vaccination uptake of minority groups</p> <ul style="list-style-type: none"> • Accessibility/familiarity of the setting • Invitation & appointment booking process • Vaccine site location • Opening hours/time off work • 58% of those in the UK answered no to the question '<i>is it easy to get a vaccine</i>' (Global Institute of Innovation) 	<ul style="list-style-type: none"> • Evaluation: systematic, academically rigorous service evaluation that is agile, answers the essential q's and feeds learning back into the system • Measures of success: clearly defined • System Leadership: join up and oversight across the system, across the <i>test-trace-isolate –vaccinate</i> journey and tackling inequalities from COVID more generally • Potential for drop off for second vaccine: as seen in other vaccines
Next steps	<ul style="list-style-type: none"> • Data: Track and share data on vaccine hesitancy/acceptance, and vaccine uptake (rolling equity audit) • Integrate: Integrate vaccination data with surveillance and T&T data, to inform outbreak control /response • Insights: Facilitate the collection and sharing of insights from across London • Evidence: Synthesise the evidence on barriers, enablers and what works • Quality assure: provide PH input/ advice to ensure communications/ interventions are grounded in evidence • Agile system: Ongoing gathering of evidence / learning from the system 	<ul style="list-style-type: none"> • Coordinated and targeted programmes: reaching specific communities. Current focus on BAME, health and care professionals and inclusion health • Sharing resources and assets: maintain an easy access repository of local, regional and national resources that are sensitive to local communities • Network and support London partners: across organisations to make connections, support workstreams • Develop a bureau of professional speakers • Consider other models: MECC 	<ul style="list-style-type: none"> • Adapting programme delivery: understand barriers to access for minority and vulnerable populations, and feed into and refine NHS programme delivery • Training: emphasise and support healthcare staff in their role as a trusted source of health information for key population groups • Impact of vaccination on behaviours: monitor impact of vaccination rollout on social distancing and adherence to other NPIs; develop clear communications and other strategies 	<ul style="list-style-type: none"> • Evaluation: evaluation of local/STP interventions/approaches, with academic support • Listen and learn: Use range of fora and networks to engage, listen and share good practice and understand partners' support needs • Horizon scan/plan ahead: for groups likely to have low uptake, thinking also of messaging for second vaccine • Celebrate success: keep momentum & promote further action • Extending success: use these opportunities/relationships for wider programmes to reduce inequalities more generally

Appendix 14 - COVID-19 Vaccination data

COVID-19 Vaccination Data

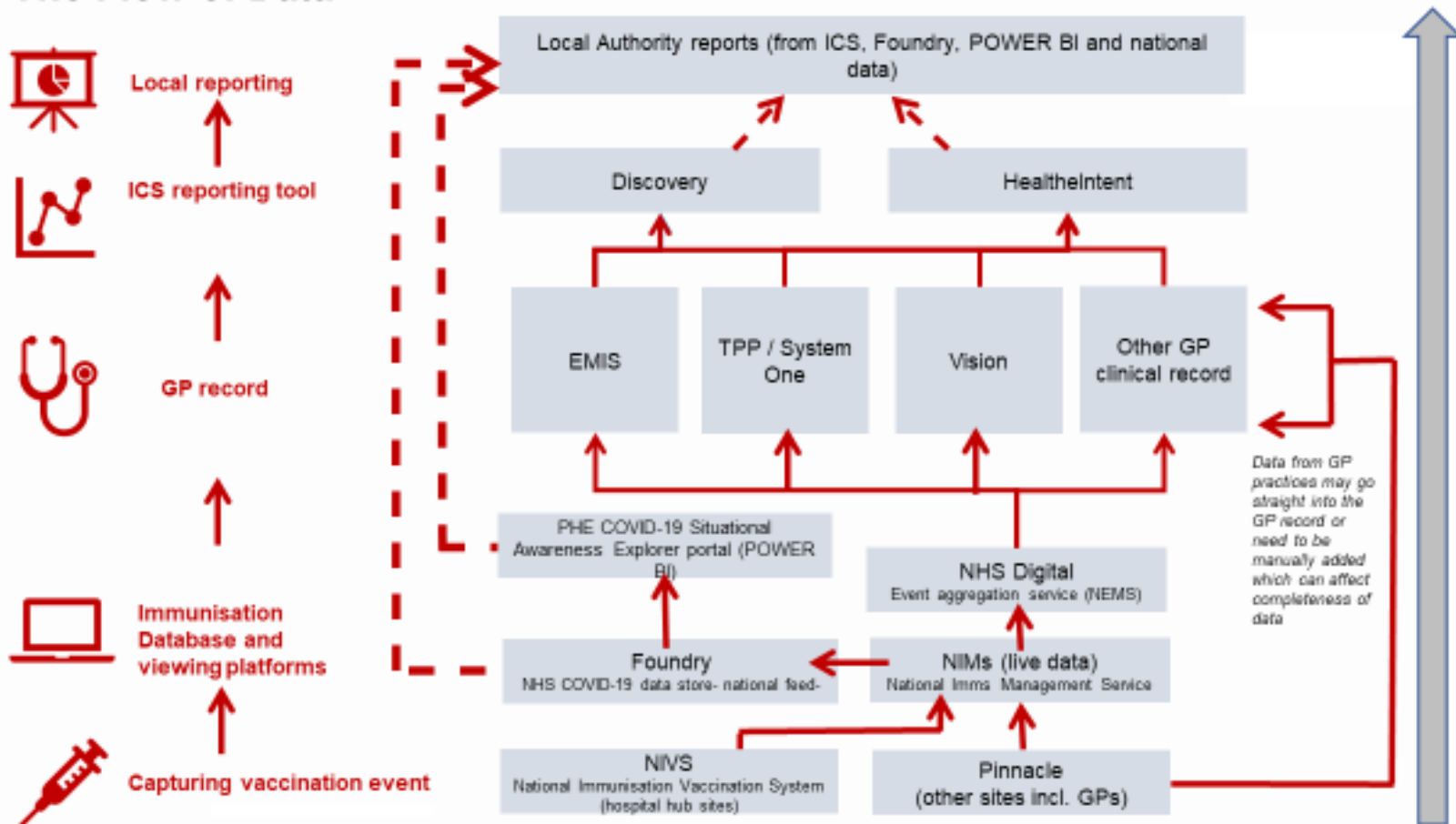
COVID-19 vaccination data is collected at vaccination sites and captured through the National Immunisation Vaccination System (NIVS) (hospital sites) and Pinnacle systems (all other sites including GPs). From these systems the data flows into the National immunisation Management Service (NIMS). NIMS is the system of record for the NHS COVID-19 vaccine programme in England that includes the live data of the vaccine event.

The data from NIMS can be viewed through Foundry, which is the NHS front facing platform for the data. The government uses Foundry for the published daily and weekly reporting. Applications can be made to view the Foundry dashboard with access to the data limited to the level at which the user requires the data, whether this is local (borough), regional or national level. Local Authority Directors of Public Health (DsPH) are able to request access for themselves and for two other named individuals. Foundry data also feed into the COVID-19 situational awareness Explorer system, which is shared with DsPH and their teams.

Data from NIMS also flow through NHS Digital into the various GP patient record systems, and from there, through into Integrated Care System (ICS) population health management platforms/reporting tools such as Discovery or Healtheintent. In addition to these platforms/tools being available to NHS organisations within each ICS, some local borough teams and DsPH may also have access to these platforms and their analytical outputs (for their respective borough/ICS).

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The Flow of Data



Data systems

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